

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010246

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

393

Primary Registration District No.

1002

Registrar's No.

1293

FILED MAR 26 1962

## 1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kansas City I7

Length of stay in 1b

19 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

4321 N. Spruce

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Clay

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

Kansas City I7

d. STREET ADDRESS

(If outside, give location)

4321 N. Spruce

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

KENNETH

ARTHUR

LAUTER

## 4. DATE OF DEATH

Month

Day

Year

MARCH

3-1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Aug. 15-1900

## 9. AGE (last birthday)

61

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mgr. for Atwell-Vogel-Storling

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Arthur Lauter

## 13b. MOTHER'S MAIDEN NAME

Julia Thielecke

## 14. NAME OF HUSBAND OR WIFE

Kathryn Lauter

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Kathryn Lauter 4321 N. Spruce

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

## INTERVAL BETWEEN ONSET AND DEATH

one hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis

5 years

DUE TO (c)

Essential Hypertension

5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (If not related to the terminal disease condition given in PART I (a))

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from August 1952 to March 3, 1962 and last saw him alive on Feb 26, 1962  
Death occurred at 8:22 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

3-6-1962

## 23c. NAME OF CEMETERY OR CREMATORY

White Chapel Cemetery

## 23d. LOCATION (City, town, or county)

Gladstone, Mo.

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

D.W. NEWCOMER'S SONS N.K.C. Mo.

## 25. DATE RECD. BY LOCAL REG.

3-5-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

A. Murren

510 12<sup>th</sup> + Walnut

1948 JAN 22 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John H. Service*

Licensed Embalmer No. 4848

P. O. Address Rt. 19, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.